



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH GOSHEN HOSPITAL

City of Hospital: Goshen

Year Begin: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (mm/dd/yyyy format)

Person Completing the Report: Amy Floria

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Medicare Provider Number: 150026

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$158526986
Outpatient Patient Service Revenue	\$327476314
Total Gross Patient Service Revenue	\$486003300

2. Deductions From Revenue

Contractual Allowance	\$245992515
Other Deductions	\$11241856
Total Deductions	\$257234371

3. Total Operating Revenue

Net Patient Service Revenue	\$228768929
Other Operating Revenue	\$5778042
Total Operating Revenue	\$234546971

4. Operating Expenses

Salaries and Wages	\$61700021	Employee Benefits	\$22636806
Depreciation and Amortization	\$10210429	Interest Expense	\$1986730
Bad Debt	\$24069854	Other Expenses	\$89990088
Total Operating Expenses	\$210593928		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$23953043	Total Assets	\$284136412
Net Non-operating Gains over Loss	\$16090026	Total Liabilities	\$58876302

Total Net Gains	\$40043069
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$219595538	\$174834961	\$44760577
Medicaid	\$47735363	\$36424303	\$11311060
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$218672399	\$34733251	\$183939148
Total	\$486003300	\$245992515	\$240010785

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$49409	\$0	\$49409

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$505388	\$604467	\$-99079

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$175745	\$1049158	\$-873413

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	189845

Statement Six: Charity Statement

Hospital Charity Charges	\$8625664
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3310459	
HCI Payments	\$0		
Subtotal	\$0	\$3310459	\$-3310459
Medicaid Shortfalls	\$9594471	\$18320440	
Subtotal	\$9594471	\$21630899	\$-12036428
DSH Payments	\$1,083,842		
Subtotal	\$10678313	\$21630899	\$-10952586
Medicare Shortfalls	\$40308999	\$43763125	
Other Government Programs	\$0	\$0	
Total	\$50987312	\$65394024	\$-14406712

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments